

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF ( <i>Case Name</i> )	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE ( <i>See Instructions</i> )

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

**REQUEST AND AUTHORIZATION FOR EXPERT SERVICES**
**12. ATTORNEY'S STATEMENT**

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:  
☐ Authorization to obtain the service. Estimated Compensation and Z \_\_\_\_\_ OR  
☐ Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (*Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses*)

Signature of Attorney \_\_\_\_\_

Date \_\_\_\_\_

☐ Panel Attorney    ☐ Retained Attorney    ☐ Pro-Se    ☐ Legal Organization

 ATTORNEY'S NAME (*First Name, M.I., Last Name, including any suffix*), AND MAILING ADDRESS \_\_\_\_\_

Telephone \_\_\_\_\_

**13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (*See Instructions*)**
**14. TYPE OF SERVICE PROVIDER**

- |  |   |
|--|---|
| 01 <input type="checkbox"/> Investigator<br>02 <input type="checkbox"/> Interpreter/Translator<br>03 <input type="checkbox"/> Psychologist<br>04 <input type="checkbox"/> Psychiatrist<br>05 <input type="checkbox"/> Polygraph<br>06 <input type="checkbox"/> Documents Examiner<br>07 <input type="checkbox"/> Fingerprint Analyst<br>08 <input type="checkbox"/> Accountant<br>09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)<br>10 <input type="checkbox"/> Chemist/Toxicologist<br>11 <input type="checkbox"/> Ballistics<br>13 <input type="checkbox"/> Weapons/Firearms/Explosive<br>14 <input type="checkbox"/> Pathologist/Medical Examiner | 15 <input type="checkbox"/> Other Medical<br>16 <input type="checkbox"/> Voice/Audio Analyst<br>17 <input type="checkbox"/> Hair/Fiber Expert<br>18 <input type="checkbox"/> Computer (Hardware/<br>Software/Systems)<br>19 <input type="checkbox"/> Paralegal Services<br>20 <input type="checkbox"/> Legal<br>21 <input type="checkbox"/> Jury Consultant<br>22 <input type="checkbox"/> Mitigation Specialist<br>23 <input type="checkbox"/> Duplication Services<br>( <i>See Instructions</i> )<br>24 <input type="checkbox"/> Other ( <i>Specify</i> ) _____ |
|--|---|

**15. COURT ORDER**

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court \_\_\_\_\_

Date of Order \_\_\_\_\_

Nunc Pro Tunc Date \_\_\_\_\_

Repayment or partial repayment ordered from the person represented for this service at time of

☐ YES    ☐ NO

**CLAIM FOR SERVICES AND EXPENSES**
**FOR COURT USE ONLY**

16. SERVICES AND EXPENSES ( <i>Attach itemization of services with dates</i> )	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses ( <i>lodging, parking, meals, mileage, etc.</i> )			
c. Other Expenses			
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			

**17. PAYEE'S NAME (*First Name, M.I., Last Name, including any suffix*), AND MAILING ADDRESS**

TIN: \_\_\_\_\_

Telephone \_\_\_\_\_

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_

 CLAIM STATUS    ☐ Final Payment    ☐ Interim Payment Number \_\_\_\_\_    ☐ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (*compensation or anything of value*) from any other source for these services.

Signature of \_\_\_\_\_    Dat \_\_\_\_\_

**18. CERTIFICATION OF ATTORNEY** I hereby certify that the services were rendered for this case.

Signature of \_\_\_\_\_    Dat \_\_\_\_\_

**APPROVED FOR PAYMENT — COURT USE ONLY**

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
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23. ☐ Either the cost (*excluding expenses*) of these services does not exceed \$300, or prior authorization was obtained.  
☐ Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (*excluding expenses*) exceeds \$300.

Signature of Presiding Judicial Officer _____	Date _____	Judge/Mag. Judge Code _____
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24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
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**28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)**

Signature of Chief Judge, Court of Appeals (or Delegate) \_\_\_\_\_

Date \_\_\_\_\_

Judge Code \_\_\_\_\_